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**Permission to Participate in Distant Pals and Media Release  
2016-2017 School Year**

My child has permission to participate in the **Distant Pals Program**, coordinated by WESP-DHH Outreach and supervised by a designated adult, through: (Check all that apply)

- ☐ Distance technology (FaceTime, Skype, Google Hangout, etc.) - ***New Primary Format***
- ☐ Electronic media (Captioned Videos, iMovies, Powerpoints/Prezi/StoryKits, etc.)
- ☐ Photographs/video recordings
- ☐ Letter writing activities
- ☐ Website use
- ☐ Promotional materials for WESP-DHH Outreach Distant Pals Program
- ☐ NONE OF THE ABOVE

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Name of Child (printed)

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School District

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Name of Teacher of the Deaf and Hard of Hearing (printed)

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Name of Supervising Adult for Distant Pal, ***if different than Teacher of the D/HH***  
(Please indicate Role - Parent, Teacher, Interpreter, etc.)

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Parent/Guardian Name (printed)

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Parent/Guardian Signature

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Date

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Parent Phone Number

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Parent Email May we add you to the WESP-DHH Outreach Parent Email List? ☐ YES ☐ NO

- The majority of activities will now be face to face via distance technology (programs such as Skype, Zoom, Google Hangouts, FaceTime) rather than mailed paper based activities.
- Biographical information, including last name, residence, contact information, or school of the child will not be shared with others.
- Additional information regarding the Distant Pals program is available on the WESP-DHH website: <http://www.wesp-dhh.wi.gov/outreach/students/distantpals/>
- If you have any questions regarding this permission form, please feel free to contact the Distant Pals Coordinator at 888-656-8556 or [distantpals@wesp-dhh.wi.gov](mailto:distantpals@wesp-dhh.wi.gov)